



REAL ESTATE BROKER ORDER FORM

Named Insured and Mailing Address:

Broker Name and Mailing Address:

Policy Period: _____ To: _____ (Must be approved by insurance company)

Limit: _____ Deductible: _____ Annual Premium: _____

Payment options: Annual _____ Installments _____ (40/30/30 on total premiums > \$1,000)

*Discrimination: Yes No \$ _____ Sublimit: _____

*Environmental Hazards: Yes No \$ _____

*Residential Ownership: Yes No \$ _____

*Construction Development: Yes No \$ _____ Sublimit: _____

** Refer to quote letter for availability and payment options.*

CHECK TOTAL WORKSHEET

Total Premium / First Installment: \$ _____

Commission % _____ Commission Amount: \$ _____

Net Total: \$ _____

Check Total: \$ _____

Broker Tax ID# _____

Mail your check and this form to:

For regular U.S. Postal Service:
Victor O. Schinnerer & Company, Inc.
14288 Collections Center Drive
Chicago, IL 60693

For overnight packages:
Bank of America Lockbox Services
14288 Collections Center Drive
Chicago, IL 60693